

Dear Parent/Legally Authorized Adult:

Between September 26 and November 4 of 2016, your child/children will be invited to join their 6<sup>th</sup>, 8<sup>th</sup>, and 11<sup>th</sup> grade classmates in completing the 2016 Iowa Youth Survey. Since 1975, students in Iowa have been filling out this questionnaire to provide information about their values, beliefs, attitudes, and activities. **Participation in the survey is anonymous and strictly voluntary, and no student is required to fill out the questionnaire.** The survey will take one class period, approximately 40 minutes, to complete.

Purpose of the Survey:

The 2016 Iowa Youth Survey is directed by the Iowa Department of Public Health (IDPH), Division of Behavioral Health. Your school system has agreed to administer the survey for 2016.

The purpose of the survey is to collect information about Iowa youth so we can better understand their beliefs, values, and decisions about what makes them feel secure, strong, and safe in their communities, schools, and families. In addition, information is collected about their ideas on alcohol, tobacco, drugs, bullying and harassment, and violence prevention. The information collected will help the state planning agencies, our schools, and local community task forces put together valuable future programming. It is important to ask children to tell us what is good and working about their life in Iowa, and what needs improvement, in their eyes.

The Attorney General for the Iowa Department of Public Health (IDPH) has developed a plan for making sure that the survey is voluntary and has parent approval. This plan is called a “passive consent” procedure and it has three parts:

1. An Information Summary to give you the basic information about the survey. (Included)
2. An opportunity to read the survey questions at your child's school or online at: <http://www.iowayouthsurvey.iowa.gov/> before your child/children volunteer to answer the questions.
3. An opportunity for you to provide written refusal if you **do not** want your child/children to participate in such a survey.

## **Part 1. The Information Summary**

*Parental Rights:*

- You have the right and the responsibility to be informed about that which your child volunteers to participate in school.
- You have the right to receive accurate information about the Iowa Youth Survey questionnaire in order for you to make good decisions for your family.

*Iowa Youth Survey Content:*

Some of the areas on the questionnaire will have sensitive questions about tobacco, alcohol, illegal drugs, and thoughts on violence and safety. It is important to remember that our school children do not live in identical environments. All children and families do not have the same beliefs, attitudes or values. Your child/children may make very different life choices than other children. If we are going to plan programming that keeps all children safe and connected to their families, schools and communities, we need to know what all Iowa children are thinking, saying and doing.

*Confidentiality:*

All information collected will be anonymous. Students will not put names, birthdates, or student numbers on the survey, and all surveys will be confidential. Additional reporting restrictions further protect student confidentiality. For example, if fewer than 16 students in a grade level answer a question, no information about that question will be reported for that grade level. Grade level information will be added together and reported as a school system. The information will then be analyzed by the Iowa Consortium for Substance Abuse Research and Evaluation.

*Compensation:*

There will be no compensation or reward for students participating in the survey.

*Voluntary:*

- All students in 6<sup>th</sup>, 8<sup>th</sup>, and 11<sup>th</sup> grades will be invited to complete the Iowa Youth Survey. Students will have the right to refuse to answer any questions on the survey. If students decide they want to change their mind and quit answering the survey, during the survey, they may do so.
- If, as a parent or legally authorized representative, you do not want your child/children to participate, you must send the school the *Refusal of Consent* form provided at the end of this letter (Part 3), and your child/children will be provided a neutral activity during the survey class period. There is no penalty for anyone who decides not to participate.

*Risk:*

There is no direct risk involved in filling out the survey. Students may find some questions uncomfortable to answer. They may skip any question they do not wish to answer or stop completing the survey entirely at any point.

*Benefits:*

There will be no direct benefits to the students the day of the survey. The data collected throughout the state will provide schools and communities with the information they need to provide programs that will support schools, communities and families in keeping their children safe and hopeful about their future. The data is vital for grant writing purposes and legislative decisions.

*Questions:*

Questions regarding the Iowa Youth Survey are encouraged. Please contact your school principal, superintendent, or the Iowa Department of Public Health at [iowayouthsurvey@idph.iowa.gov](mailto:iowayouthsurvey@idph.iowa.gov).

## Part 2: Reviewing the Survey

A copy of the Iowa Youth Survey will be available to preview at the school office and may also be viewed at: <http://www.iowayouthsurvey.iowa.gov/>.

## Part 3: Refusal of Consent

I have read the Information Summary provided. I understand that my child/children's participation in the survey is strictly *voluntary*. I also understand my right to review the survey online, at the school office and/or District Administration Office.

I **do not** want my child/children listed below to participate in the 2016 Iowa Youth Survey. I understand that a neutral activity will be provided for them during the survey time and that there is no penalty for not participating. I understand that this refusal of consent needs to be received by the school system no later than September 12, 2016 (SCHOOL ENTER DATE HERE IF AFTER SEPTEMBER 15 BUT PLEASE ALLOW AT LEAST TWO WEEKS PRIOR TO SURVEY ADMINISTRATION). Please return this form to the building principal.

Names of child/children who **will not** participate in the 2016 Iowa Youth Survey:  
(The school needs this information to be sure the student will not be in the survey area.)

_____ Child Name	_____ Grade
_____ Child Name	_____ Grade
_____ Child Name	_____ Grade
_____ Child Name	_____ Grade
_____ Child Name	_____ Grade
_____ Parent Signature	_____ Date